

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033841

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1037

STATE FILE NUMBER

FILED SEP 17 1962

## 1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Joseph.

Length of stay in lb  
50 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Missouri Methodist Hospital

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

c. CITY  
OR TOWN

St. Joseph.

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

1526 Edmond Street

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

FLORENCE

WORTMAN

PORTER

4. DATE  
OF DEATH

Month September

Day 12

Year 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

Nov. 9, 1885

## 9. AGE (last birthday)

76

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Office Manager

## 10b. KIND OF BUSINESS OR INDUSTRY

Dr. John Spencer

## 11. BIRTHPLACE (City and state or country)

Near Burlington, Wisc.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

(Unknown) Johnson

## 13b. MOTHER'S MAIDEN NAME

Helena V. Marshall

## 14. NAME OF HUSBAND OR WIFE

Robert Porter

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Brother

Address

Mr. Bruce W. Marshall-Birmingham Ala.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Ventricular standstill

## INTERVAL BETWEEN ONSET AND DEATH

Minutes

### CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

ASHD (arteriosclerotic heart disease)

years.

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized Carcinomatosis from metastatic breast cancer

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour Month, Day, Year  
a.m. p.m.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from December 1955 to September 12, 1962, and I know her/him alive on 9/12/62. Death occurred at 12:00 Noon m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Earyl A. Potter, Jr., M.D.

## 22b. ADDRESS

St. Joseph, Missouri

## 22c. DATE SIGNED

9/13/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

## 23b. DATE

Sept. 15, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Elmwood Crematory

## 23d. LOCATION (City, town, or county)

Kansas City, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

## 25. DATE RECD. BY LOCAL REG.

Sept. 14 1962

## 26. REGISTRAR'S SIGNATURE

Mrs. Clark Woodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

BY AFFIDAVIT OF

C.A. Potter, Jr., M.D.

DOCUMENT

VS 300 Rev. 4/59

15117

25117

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12 2-0

13 1-0

Permit issued 7/13/62

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Raymond B. Hooy*

Licensed Embalmer No. 5147

P. O. Address

*St Joseph Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.